

An Equal Opportunity Employer/Program
Auxiliary Aids and Services are Available
Upon Request to Individuals with Disabilities

JOB1 BUSINESS AND CAREER SOLUTIONS
2011 NOLA SUMMER EXPERIENCE: Engaged. Empowered. Prepared.
APPLICATION DEADLINE: APRIL 30, 2011

PLEASE PRINT

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Alternate Number: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Email Address: _____

Are you currently in school? If **yes**:

School Attending: _____

If enrolled in college, what is your major? _____

Last day of the 2010 – 2011 School Year: (MM/DD/YYYY): _____

If **no**:

Highest Grade Completed:

00 – 12: _____ Last School Attended: _____

Did you work for the 2010 Summer Youth Program? If so, Where?

Please select **ALL** financial assistance that you/your family receives:

_____ TANF (Temporary Aid for Needy Families)	_____ Child Support
_____ Food Stamps	_____ None
_____ SSI	_____ Check Stubs
_____ Social Security	_____ Other _____

For Official Use Only

Participant ID

WIA
CDBG
GF
NORD

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FAMILY INCOME (List all family members living in the home, i.e. blood, marriage and/or adoption)

Name	Age	Relation	Soc. Sec. #	Income Amount Last (6) Months	Source of Income
1.		Applicant			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please select **ALL** that apply to you:

☐ Dropout

☐ Homeless, Runaway, Foster Child

☐ Offender

☐ Pregnant/Parenting Youth

a. Felony

b. Misdemeanor

☐ Public Housing/Section 8

☐ Physical/Intellectual Disability

☐ None

EMERGENCY INFORMATION

Parent/Guardian's Name: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Please list all medication you are currently taking: _____

Please list all medication you are allergic to: _____

Please list any physical conditions that may restrict the type and amount of work you are able to perform. If any, please explain: _____

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WORK HISTORY (List your most recent employment first)

Employer's Name: _____ Address: _____

Job Title: _____ Wages Per Hour \$ _____ Hours Per Week _____

Job Duties: _____ Reason for Leaving _____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

Employer's Name: _____ Address: _____

Job Title: _____ Wages Per Hour \$ _____ Hours Per Week _____

Job Duties: _____ Reason for Leaving _____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

PARENTAL CONSENT – To be signed by parent/ legal guardian of applicant

I, _____ the parent /legal guardian of
_____ give him/her permission to participate in the
2011 Summer Youth Program.

Signature

Date

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CERTIFICATION – To be signed by applicant and parent/ legal guardian for youth less than 18 years of age.

I certify that the above information is true and complete to the best of my knowledge. I authorize JOB1 Business & Career Solutions or its agents to examine and collect any and all personal records for the purpose of determining eligibility on any child, any family members, and myself listed on this application for WIA programs. I am aware that incorrect information or false information may result in termination from this program, the repayment of funds and/or prosecution for perjury or fraud.

Applicant's Signature	Date
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Parent/Guardian/Institution Signature	Date
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JOB1 Staff Signature	Date
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**Thanks for your interest in the
2011 NOLA SUMMER EXPERIENCE.**

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